

STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR 5569

NAME OF COUNSEL: Richard A. Schulenberg

FIRM: Richard A. Schulenberg, A Professional Corporation

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Los Angeles, California 90077-2404

TELEPHONE: (310) 553-8200

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The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

Cynthia Matthews

Print Name

10/1/04
Date

[Signature]
Signature

Candidate
Title

RESPONDENT'S NAME: Cynthia Matthews

ADDRESS: PO Box 972
Calverne CA 91250

TELEPHONE: HOME

BUSINESS() Same

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COUNSEL

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